

OFFICE OF THE OHIO PUBLIC DEFENDER  
8 East Long Street, 11th Floor  
Columbus, Ohio 43215

2.13.98

Please answer each question below as completely and accurately as possible. If you need help, contact the law clerk at your institutional law library. If you need more space, attach additional pages.

Return the completed questionnaire, together with copies of any papers or documents you have pertaining to your case, and this office will investigate your claims. If the attorney assigned to your case feels an interview is necessary, you will be notified.

Name: <u>Bruce Woods</u>	OPDC No.: <u>98-1640</u>
Institution Number: <u>329889</u>	Date of birth: <u>10-18-66</u>
Institution: <u>S.O.C.F.</u>	Soc. Sec. No.: <u>390-70-3300</u>
County of conviction: <u>Hamilton</u>	Case number: <u>B9601386</u>
Name of the attorney who represented you: _____	
Any aliases you have used: _____	
Any co-defendants in your case: <u>Kelly Woods, Rayshawn Riggins</u>	

How were you convicted? [Place an "X" in the appropriate box. Choose only one box.]

☐ I entered a plea of "guilty."

☒ I was tried by a jury.

☐ I entered a plea of "no contest."

☐ I was tried by a judge, without a jury.

I was convicted of: Agg Burglary, Agg Robbery, Kidnapping

The term of my sentence is minimum 65 to maximum 120; or definite \_\_\_\_\_

Date of conviction: 5-31-96 Date delivered to the state: 6-25-96 Parole/EDS: 2018

Did you appeal your conviction to the court of appeals? ☐ Yes ☒ No

Did you appeal your conviction to the Ohio Supreme Court? ☐ Yes ☒ No

Have you filed any other actions challenging your conviction? ☐ Yes ☒ No If so, list the court, case number and nature of the proceedings: \_\_\_\_\_

Do you have any action pending at the present time? ☐ Yes ☒ No If so, list the court, case number, type of action, and the name of your attorney, if you are represented: \_\_\_\_\_

PENGAD-Bayonne, N. J.

EXHIBIT

6

NOTE: If you are not represented by counsel, you must continue to represent yourself while this office investigates your case.

Briefly summarize the facts of your case: \_\_

What type of assistance are you requesting from this office? \_\_

WAIVER

I hereby waive the attorney-client privilege for the limited purpose of enabling any attorney who has represented me to freely discuss my case with the Ohio Public Defender or any of his staff.

Bruce W. Smith  
Your Signature

## OFFICE OF THE OHIO PUBLIC DEFENDER

8 East Long Street, 11th Floor  
Columbus, Ohio 43215FINANCIAL STATEMENT

Before this office can represent you, you MUST COMPLETELY FILL OUT this form and return it to the above address. If a question is not applicable to you or your situation, write N/A in the blank space.

PERSONAL INFORMATION

Name Bruce Woods  
 Social Security Number 290 70 5302 Date 2-11-99  
 Address P.O. Box 45699  
 City Lucasville State OHIO Zip 45699  
 Telephone NA Date of Birth 10-13-66 Marital Status S  
 Names and ages of dependents NA  
 With whom do you live? NA

INCOMEAre you working now? ☐ Yes ☒ NoEmployer NAEmployer's Address NACity NA State NA Zip NAEmployer's Telephone NAType of Work NA Gross Pay \$ NA /mo.

List any public assistance or other income received by you or your spouse in the appropriate space below:

Type of Public Assistance NA Gross Pay \$ NA /mo.Pension \$ NA /mo. VA Disability \$ NA /mo.Unemployment Comp. \$ NA /mo. Worker's Comp. \$ NA /mo.Social Security \$ NA /mo.TOTAL \$ NA /mo.Husband's/Wife's Pay or Income \$ NA /mo.Other Income (describe) NA \$ NA /mo.TOTAL INCOME \$ NA /mo.ASSETS

Cash on hand or in the bank

\$ NA /mo.Money owed to you (explain) NA\$ NA /mo.Do you own your home or any other real estate? ☐ Yes ☒ No

If so, describe property and its location: \_\_\_\_\_

Value of property

\$ NA /mo.

List make and year of every car, truck, motorcycle or other vehicle owned by you and the value thereof:

NA \$ NA /mo.NA \$ NA /mo.

ASSETS CON'T

List all other property of value owned by you including but not limited to stocks, bonds, jewelry, boats, musical instruments, and the value thereof. If none, write NONE: NA

\$ NA /mo.  
\$ NA /mo.

TOTAL ASSETS \$ NA /mo.

EXPENSES

Living Expenses: Rent or mortgage payments \$ \_\_\_\_\_ /mo.  
Estimated monthly food bill \$ \_\_\_\_\_ /mo.  
Medical or dental bills \$ \_\_\_\_\_ /mo.  
Clothing expenses \$ \_\_\_\_\_ /mo.  
Utilities \$ \_\_\_\_\_ /mo.

Other expenses (explain) NA \$ \_\_\_\_\_ /mo.  
\$ \_\_\_\_\_ /mo.

TOTAL EXPENSES \$ \_\_\_\_\_ /mo.

DEBTS

List all debts you presently owe:

Names of Creditors/ Who you owe	Total Amount Owed	Monthly Payment
<u>NA</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheets if necessary)

THE FINANCIAL STATEMENT I HAVE COMPLETED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF IT IS DETERMINED BY THE STATE PUBLIC DEFENDER, OR BY THE COURT, THAT I WAS NOT ENTITLED TO THE LEGAL REPRESENTATION PROVIDED ME, I MAY BE REQUIRED TO REIMBURSE THE PUBLIC DEFENDER FOR THE COSTS OF REPRESENTATION PROVIDED. ANY ACTION FILED BY THE PUBLIC DEFENDER TO COLLECT FEES HEREUNDER, MUST BE BROUGHT WITHIN TWO YEARS FROM THE LAST DATE LEGAL REPRESENTATION WAS PROVIDED.

Bruce Wood  
SIGNATURE OF APPLICANT

IF YOUR FINANCIAL SITUATION SHOULD IMPROVE BEFORE THE FINAL DISPOSITION OF THIS CASE, YOU MUST INFORM THE OHIO PUBLIC DEFENDER IMMEDIATELY.

FOR OFFICE USE ONLY - NOT TO BE FILLED OUT BY THE APPLICANT

Monthly income minus living expenses \$ \_\_\_\_\_ /mo.  
Assets minus liabilities \$ \_\_\_\_\_ /mo.  
Estimated cost of defense \$ \_\_\_\_\_ /mo.

Eligible for Ohio Public Defender Services ☐ Yes ☐ No

ASSETS CL

List all other property of value owned by you including but not limited to jewelry, boats, musical instruments, and the value thereof. If none, NONE:

TOTAL ASSE

EXPENSE

Living Expenses: Rent or mortgage payments  
Estimated monthly food bill  
Medical or dental bills  
Clothing expenses  
Utilities

Other expenses (explain)

DEB

List all debts you presently owe:

Names of Creditors/ Who you owe

To

(Attach additional sheets if necessary)

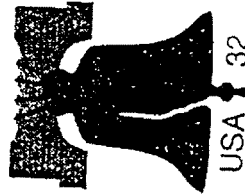
THE FINANCIAL STATEMENT I HAVE COMPLETED ABOVE, IN MY KNOWLEDGE, I UNDERSTAND THAT IF IT IS DETERMINED BY THE COURT THAT I WAS NOT ENTITLED TO THE LEGAL REPRESENTATION PROVIDED BY THE OHIO PUBLIC DEFENDER FOR THE COSTS OF REPRESENTATION PROVIDED HEREUNDER, MUST BE BROUGHT WITHIN THE TIME FRAME PROVIDED.

IF YOUR FINANCIAL SITUATION SHOULD IMPROVE BEFORE THE OHIO PUBLIC DEFENDER IMMEDIATELY.

FOR OFFICE USE ONLY - NOT TO BE FILLED OUT BY THE APPLICANT

Monthly income minus living expenses  
Assets minus liabilities  
Estimated cost of defense

Eligible for Ohio Public Defender Services ☐ Yes ☐ No



Haystack Division  
Office of the Ohio Public Defender  
9 East L  
Columbus, Ohio 43269

B. Woods # 32999  
P.O. Box 45699  
Columbus, Ohio 43269